



## APPLICATION DATA SHEET

### Application Information

Application number:: 10/088,826  
Filing Date:: 08/13/02  
Application Type:: 371  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit:: 1644  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Sequence Submission?:: No  
Computer Readable Form (CFR)?:: No  
Number of copies of CFR::  
Title:: METHODS AND DEVICES FOR OBTAINING  
NON-HEMATOPOIETIC LINEAGE CELLS  
FROM HEMATOPOIETIC PROGENITOR  
CELLS  
Attorney Docket Number:: C1005.70008US00  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: YES  
Claims::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Mark
Middle Name:	J.
Family Name::	Pykett
City of Residence::	Boxford
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	223A Main Street
City of mailing address::	Boxford
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address:	01921
Applicant Authority Type::	Inventor
Primary Citizenship Country::	South Africa
Status::	Full Capacity
Given Name::	Michael
Middle Name:	
Family Name::	Rosenzweig
City of Residence::	Boston
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	20 Fayette Street, #2
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	United States
Postal or Zip Code of mailing address:	02116

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Naheed  
Middle Name:  
Family Name:: Banu  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: United States  
Street of mailing address:: 10 Village Way  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Country of mailing address:: United States  
Postal or Zip Code of mailing address:: 02445

#### **Correspondence Information**

**Correspondence Information:: 23628**  
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#### **Representative Information**

**Representative Customer Number:: 23628**

#### **Domestic Priority Information::**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
This application is which claims benefit of and claims benefit of	National Stage of Provisional	PCT/US00/26020 60/156,031 60/217,438	09/22/00 09/23/99 07/10/00

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**Foreign Priority Information::**

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed:: Yes or No

**Assignee Information:**

Assignee name:: Cytomatrix, LLC  
Street of mailing address:: 212 West Cummings Park  
City of mailing address:: Woburn  
State or Province of mailing address:: MA  
Country of mailing address:: United State  
Postal or Zip Code of mailing address:: 01801